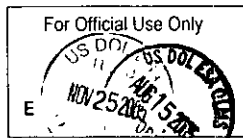


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 13339	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 1 / 1 / 2004
3. Name and address of person filing. Name Joseph Catalanotto P.O. Box, Bldg., Room No., if any Street 432 N. Anthony St. Suite 305 City New Orleans State Louisiana ZIP Code + 4 70119	4. Name, file number, and address of labor organization. Name I.A.T.S.E. Local 478 Labor Organization File Number 517-191 P.O. Box, Building and Room Number, if any Street 432 N. Anthony St. Suite 305 City New Orleans State Louisiana ZIP Code + 4 70119
5. Position in labor organization. 3rd Executive Board Member at Large	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name none Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. none 7.b. Amount. \$0

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Joseph J. Catalanotto</u>	On <u>8/8/05</u>	<u>1 800 749 4441</u>
	Date	Telephone Number

Name of Person Filing Joseph Catalanotto	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name	<input type="checkbox"/> a. Labor Organization
Trade Name, if any:	<input type="checkbox"/> b. Trust
P.O. Box, Bldg., Room No., if any	<input type="checkbox"/> c. Employer
Street	
City	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	11.b. Approximate dollar value of such dealing.
Trade Name, if any:	12.a. Nature of interest held or income received.
P.O. Box, Bldg., Room No., if any	12.b. Amount.
Street	
City	
State ZIP Code + 4	

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment.